

***Clostridium Difficile* Infection (CDI)**
Baseline Prevention Practices Assessment Tool
For States Establishing HAI Prevention Collaboratives
Using ARRA Funds

The attached example tool and questions are being sent to state health departments for use in your Prevention Collaborative hospitals to assist you in facilitating your shared learning, communication, and feedback efforts. We hope that you will consider administering these 30 questions in each of your participating collaborative hospitals as a way to evaluate the status of the CDI control efforts in your state. It also will help you understand what is being done in your state as you develop implementation strategies and determine next steps. The results from these baseline assessment questions can be used to measure practice change(s) as well as to determine the extent to which targets are being met and the effectiveness of outcomes being achieved. The results can and should be shared with members of your multidisciplinary advisory group and participating prevention collaborative stakeholders, partners, and hospitals as an important piece of feedback.

IMPORTANT POINTS TO NOTE:

- Questions/assessment tool should be completed by a member of each participating collaborative hospital's infection control program
- The questions should take no longer than five to ten minutes to complete
- States are encouraged to administer these questions at more than one time point in their Collaborative as part of their evaluation efforts (i.e., baseline [at start of Collaborative] and then six months later)
- States and Collaboratives are encouraged to add additional questions to supplement the 30 example questions as appropriate
- The responses/results to questions can be used both as a "conversation starter" in Collaborative meetings and as a way to sustain momentum among participants (i.e., to learn what works and what does not work)
- The responses/results also can be used to track progress and changes among Collaborative hospitals as well as between states

If you have any questions, please feel free to contact your CDC Prevention Liaison – we are glad to consult on the results and provide technical assistance when needed.

**CLOSTRIDIUM DIFFICILE INFECTION (CDI)
BASELINE PREVENTION PRACTICES ASSESSMENT TOOL
FOR STATES ESTABLISHING HAI PREVENTION COLLABORATIVES
USING ARRA FUNDS**

Please complete the following background questions regarding your facility's current status.

1. What is the total number of staff currently working in infection control at your facility? Please describe using full-time equivalents of people working directly in infection control, do not include support staff (for example, if a facility had one full-time person and one half-time person, this would equal 1.5 staff members). _____
2. Currently, how many active acute care hospital beds does your facility have? _____
3. Currently, how many active adult Intensive Care Unit beds (ICU) does your facility have? _____
4. Currently, how many active pediatric beds (including nursery, NICU beds, etc.) does your facility have? _____
5. Currently, how many post-acute care (such as rehabilitation or assisted living) beds does your facility have?

6. Is your facility a teaching facility (i.e., your facility has physicians-in-training and/or nurses-in-training providing care to patients)?
☐ Yes
☐ No
7. What external sources of guidance are used in the development of infection control policies at your facility (Please check all that apply)?
☐ Association for Professionals in Infection Control and Epidemiology (APIC)
☐ Centers for Disease Control and Prevention (CDC)
☐ Healthcare Infection Control Practices Advisory Committee (HICPAC)
☐ Infectious Diseases Society of America
☐ Institute for Healthcare Improvement (IHI)
☐ Society for Healthcare Epidemiology of America (SHEA)
☐ Individual expert opinion
☐ Other, please specify: _____

The following questions ask about specific *C. difficile* infection (CDI) prevention practices currently used or in place at your facility. Please complete each question as appropriate at this time.

8. How great a priority is the control and prevention of CDI at your facility? Please indicate how much you agree or disagree with the following statement: **The control and prevention of CDI is a priority at my facility.**

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree

9. In your facility, are patients with CDI placed on Contact Precautions?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

10. How long are patients with CDI kept on Contact Precautions?

- ☐ For duration of diarrhea
- ☐ For duration of hospitalization – until discharge
- ☐ For a specified time period after diarrhea resolves (please specify time period: _____)
- ☐ Other (please specify: _____)

11. Does your facility routinely place suspected CDI patients on Contact Precautions prior to laboratory confirmation?

- ☐ Yes
- ☐ No

12. Does your facility use dedicated noncritical medical items (such as blood pressure cuffs or stethoscopes) for patients with CDI?

- ☐ Yes
- ☐ No

13. In your facility, are patients with CDI placed in private rooms?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never/no private rooms available

14. If your facility does **not** have a sufficient number of private rooms available, what does your facility do with patients who are identified with CDI (please check all that apply)?

- ☐ Cohort with other CDI patients
- ☐ Place with other patients but use separate commodes/bathrooms
- ☐ Place with other patients sharing bathrooms
- ☐ Other (please specify: _____)
- ☐ Not Applicable

15. For CDI patients, what is the preferred method of hand hygiene used in your facility?

- ☐ Soap and water
- ☐ Alcohol hand gel
- ☐ Not specified (i.e., both available but neither preferred)
- ☐ Other (please specify: _____)

16. Does your facility currently have a system that rapidly (within 24 hours following laboratory identification) notifies staff of new patients with CDI?

- ☐ Yes
- ☐ No

16a. If YES, who is notified (please check all that apply)?

- ☐ Infection control
- ☐ Patient care unit
- ☐ Other, please specify: _____

17. Does your facility have an education or training program for staff on reducing the transmission of CDI (the program may deal with other issues but must specifically review your facility's program to control CDI and include topics such as the transmission of CDI and measures to prevent transmission)?

- ☐ Yes
- ☐ No

18. Which type of *C. difficile* testing is performed at the lab (please check all that apply and please confirm with your facility laboratory)?

- ☐ EIA for toxin
- ☐ Cytotoxin assay
- ☐ Stool antigen
- ☐ Culture
- ☐ PCR
- ☐ Other (please specify: _____)

19. How frequently does the lab perform *C. difficile* testing?

- ☐ Daily
- ☐ 5 days/week
- ☐ 3 days/week
- ☐ Other (please specify: _____)

20. Does the lab have a rejection policy for **formed** stools?

- ☐ Yes
- ☐ No

21. Does the lab have a rejection policy for duplicate stool specimens?

- ☐ Yes
- ☐ No

22. Is a bleach-product used for environmental disinfection for CDI patients at your facility?

- ☐ Yes
- ☐ No

22a. If YES, when is it used (please check all that apply)?

- ☐ For terminal cleaning
- ☐ For daily cleaning
- ☐ Other (please specify: _____)

23. Does your facility have a specific person (or people) responsible for reviewing antibiotic utilization with the goal of promoting the judicious use of antimicrobial agents?

- ☐ Yes
- ☐ No

24. Does your facility currently restrict the use of any antibiotic?

- ☐ Yes
- ☐ No

25. Is surveillance for CDI performed in your facility?

- ☐ Yes
- ☐ No

25a. If YES, where is surveillance performed?

- ☐ Hospital-wide
- ☐ Specific units only (please indicate which units: _____)

26. What mechanisms are used to disseminate information about the rates of CDI at your facility? (Please check all that apply).

- ☐ None
- ☐ Antibigram
- ☐ Periodic “report cards”
- ☐ Conferences/educational sessions
- ☐ Meetings with hospital/unit leadership
- ☐ Meetings with unit staff
- ☐ Newsletter or other publication
- ☐ Other, please describe: _____

27. Does your facility use the National Healthcare Safety Network (NHSN) *Clostridium difficile*-associated disease (CDAD) module to monitor rates of CDI?

- ☐ Yes
- ☐ No

27a. If NO, do you use standardized definitions?

- ☐ Yes, please specify: _____
- ☐ No

28. How frequently does your facility measure adherence to hand hygiene policies in at least one patient care area?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

29. How frequently are environmental cleaning practices at your facility monitored/observed by infection control staff to ensure consistent cleaning and disinfection practices were followed?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

30. How frequently does your facility measure adherence to CDI isolation precautions among staff caring for these patients (i.e., the percentage of those who actually comply with wearing of gloves or donning of gowns)?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never